

School District: _____
 Attn: _____
 Address: _____

DSA FILE # _____
 DSA APPL. # _____
 DSA / LEA # _____

FIREPROOFING DENSITY TEST REPORT

Project Name: _____ Location in Structure: _____
 Sampled By: _____ Report Date: _____

Manufacturer		Type	
Project Specification / Minimum Density (pcf)			

Sample No.	Sample Location	Average Thickness (in.)	Dry Density (pcf)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

ASTM Test Method _____

The Material ☐ WAS ☐ WAS NOT
 SAMPLED AND TESTED IN ACCORDANCE WITH
 THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.

The Material Tested ☐ MET ☐ DID NOT MEET
 THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.

REMARKS: _____

cc: Project Architect
 Structural Engineer
 Project Inspector
 DSA Regional Office

DSA-209 Template (02/06)

Signature

Date

Print Name / Title